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Application Number. Substitute for form 1449/PTO INFORMATION DISCLOSURE Filing Date 7/3/2003 STATEMENT BY APPLICANT First Named Inventor MAXIM Art Unit 2817 (prior) (Use as many sheets as necessary) Examiner Name Amold Kinkead (prior) 12 **Attorney Docket Number** 2 ٥f 1083-MS-C1

		NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²		
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT		Filing Date	7/3/2003			
		I Pasi Named inventor	MAXIM			
		Art Unit	2817 (prior)			
(Use as	many sheets as necessary)	Examiner Name	Arnold Kinkead (prior)			
heet 1	of 2	Attorney Docket Number	1083-MS-C1			

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